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**INFORMATION REQUESTED TO PROCESS YOUR CLAIM**

U.S. DISTRICT COURT  
SAN JUAN, PR

**Instructions**

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. **Your answers should provide more information than the initial proof of claim.** For example, if you previously wrote as the basis for your claim "Ley 96," please elaborate now on what specific laws you are purporting to rely on, the year the law at issue was passed, and how and why you believe this particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of a pleading, such as a Complaint or an Answer;
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing;
- Any and all documentation you believe supports your claim.

Please send the completed form and any supporting documents via **email** to [PRClaimsInfo@primeclerk.com](mailto:PRClaimsInfo@primeclerk.com), or by **mail or hand delivery** to the following addresses:

<b><u>First Class Mail</u></b>	<b><u>Hand Delivery</u></b>
Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk, LLC Grand Central Station, PO Box 4708 New York, NY 10163-4708	Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk LLC 850 Third Avenue, Suite 412 Brooklyn, NY 11232

**Questionnaire**

1. What is the basis of your claim?

- ☒ A pending or closed legal action with or against the Puerto Rican government
- ☐ Current or former employment with the Government of Puerto Rico
- ☐ Other (Provide as much detail as possible below. Attach additional pages if needed.)

2. What is the amount of your claim (how much money do you claim to be owed):

Ley 96 julio 2002 (\$100.00 mensual) \$13,200 aprox

3. **Employment.** Does your claim relate to current or former employment with the Government of Puerto Rico?

- ☐ No. Please continue to Question 4.
- ☒ Yes. Answer Questions 3(a)-(d).

3(a). Identify the specific agency or department where you were or are employed:

Departamento de Salud

3(b). Identify the dates of your employment related to your claim:

Ley 96 1 Jul 2002 Se otorgaron \$100.00 mensuales

3(c). Last four digits of your social security number: 4590

3(d). What is the nature of your employment claims (select all applicable):

- ☐ Pension
- ☒ Unpaid Wages
- ☐ Sick Days
- ☐ Union Grievance
- ☐ Vacation
- ☐ Other (Provide as much detail as possible. Attach additional pages if necessary).

4. **Legal Action.** Does your claim relate to a pending or closed legal action?

- ☐ No.
- ☒ Yes. Answer Questions 4(a)-(f).

4(a). Identify the department or agency that is a party to the action.

Departamento de Salud

4(b). Identify the name and address of the court or agency where the action is pending:

Tribunal de Distrito de Estados Unidos para el Distrito de P.R.

4(c). Case number: 17-03283

4(d). Title, Caption, or Name of Case: Ley 96 1 Jul 2002

4(e). Status of the case (pending, on appeal, or concluded): Pendiente de resolución

4(f). Do you have an unpaid judgment? Yes / (No) (Circle one)

If yes, what is the date and amount of the judgment? \_\_\_\_\_

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### Questionnaire

1. What is the basis of your claim?

- ☒ A pending or closed legal action with or against the Puerto Rican government
- ☐ Current or former employment with the Government of Puerto Rico
- ☐ Other (Provide as much detail as possible below. Attach additional pages if needed.)

2. What is the amount of your claim (how much money do you claim to be owed): Commonsua  
Ley 89 Retribucion uniforme vigente al feb 82 \$22,320 aprox

3. **Employment.** Does your claim relate to current or former employment with the Government of Puerto Rico?

- ☐ No. Please continue to Question 4.
- ☐ Yes. Answer Questions 3(a)-(d).

3(a). Identify the specific agency or department where you were or are employed:

Departamento de Salud

3(b). Identify the dates of your employment related to your claim:

Ley 89 - febrero 2002 - Se descontaron \$60.00 mensuales aprox

3(c). Last four digits of your social security number: 4590

3(d). What is the nature of your employment claims (select all applicable):

- ☐ Pension
- ☒ Unpaid Wages
- ☐ Sick Days
- ☐ Union Grievance
- ☐ Vacation
- ☐ Other (Provide as much detail as possible. Attach additional pages if necessary).

4. **Legal Action.** Does your claim relate to a pending or closed legal action?

- ☐ No.
- ☒ Yes. Answer Questions 4(a)-(f).

4(a). Identify the department or agency that is a party to the action.

Departamento de Salud

4(b). Identify the name and address of the court or agency where the action is pending:

Tribunal de Distrito de Ecuador Unidos para el Distrito de P.R.

4(c). Case number: 17-03283

4(d). Title, Caption, or Name of Case: Ley Promesa del 12 julio 1979

4(e). Status of the case (pending, on appeal, or concluded): Pendiente de resolución

4(f). Do you have an unpaid judgment? Yes / (No) (Circle one)

If yes, what is the date and amount of the judgment? \_\_\_\_\_

Normalized document  
Marilyn Rivera Ruiz

## INFORMATION REQUESTED TO PROCESS YOUR CLAIM

### Instructions

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### Questionnaire

#### 1. What is the basis of your claim?

- ☒ A pending or closed legal action with or against the Puerto Rican government
- ☐ Current or former employment with the Government of Puerto Rico
- ☐ Other (Provide as much detail as possible below. Attach additional pages if needed.)

#### 2. What is the amount of your claim (how much money do you claim to be owed):

Ley 164 (22 julio 2003) \$13,200.00 aprox (awarded, \$100.00)

#### 3. Employment. Does your claim relate to current or former employment with the Government of Puerto Rico?

- ☐ No. Please continue to Question 4.
- ☒ Yes. Answer Questions 3(a)-(d).

#### 3(a). Identify the specific agency or department where you were or are employed:

Departamento de Salud

3(b). Identify the dates of your employment related to your claim:

Ley 164

3(c). Last four digits of your social security number: 4590

3(d). What is the nature of your employment claims (select all applicable):

- ☐ Pension
- ☒ Unpaid Wages
- ☐ Sick Days
- ☐ Union Grievance
- ☐ Vacation
- ☐ Other (Provide as much detail as possible. Attach additional pages if necessary).

4. **Legal Action.** Does your claim relate to a pending or closed legal action?

- ☐ No.
- ☒ Yes. Answer Questions 4(a)-(f).

4(a). Identify the department or agency that is a party to the action.

Departamento de Salud

4(b). Identify the name and address of the court or agency where the action is pending:

Tribunal de Distrito de Estados Unidos para el Distrito de Puerto Rico

4(c). Case number: 17-03283

4(d). Title, Caption, or Name of Case: Ley Promesa caso Título III

4(e). Status of the case (pending, on appeal, or concluded): Pendiente de Resolución

4(f). Do you have an unpaid judgment? Yes ☒ No ☐ (Circle one)

If yes, what is the date and amount of the judgment? \_\_\_\_\_